

Application No.: 10/090,120  
Response to Office Action of 06/15/2004  
Attorney Docket: GESTN-001A

**REMARKS**

The Examiner imposed a restriction requirement. The Applicant elects Group I, Claims 1-6 and 13-17, without traverse.

Claims 7-12 and 18-20 of Group II are withdrawn without prejudice.

If any additional fee is required, please charge Deposit Account Number 19-4330.

Date: 12/3/04

By: Lowell Anderson

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